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Attorney Docket Number

Attorney Docket Number

18070 USA

DESIGN					Larry N. Shue				
	PATE	NT AP	PLIC	ATION	ON COMPLETE IF KNOWN				
		37 CF		-	Application Number	1			
	Declaration			Declaration	Filing Date				
٢		OR		Submitted after Initial Filing (surcharge	Art Unit				
	Filing			(37 ČFR 1.16 (e)) required)	Examiner Name				
						- 			
I hereby declare that:									
Each i	nventor's reside	nce, mai	ling add	lress, and citizenship are	as stated below next to	their name.			
	ve the inventor(s			to be the original and firs	t inventor(s) of the subje	ct matter which is cla	aimed and for		
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L				(Title of the	Invention)				
the sp	the specification of which								
V	is attached her	reto							
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	was filed on (Mi	M/DD/Y	m [as United States A	oplication Number or	PCT International		
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Applic	ation Number			and was amende	ed on (MM/DD/YYYY)		(if applicable).		
				d understand the contents	s of the above identified	specification, includi	ng the claims, as		
amend	ded by any amen	ndment s	pecifica	ally referred to above.					
				nformation which is mate					
	• •	•	•	erial information which be iling date of the continuat		n the filing date of the	ne prior application		
I here	by claim foreign	priority	benefit	s under 35 U.S.C. 119(a	a)-(d) or (f), or 365(b) o				
				rtificate(s), or 365(a) of a of America, listed below a					
				int breeder's rights certific					
			n which	priority is claimed.					
Prior	Foreign Applic Number(s)	ation	Cou	Foreign Filin		-	d Copy Attached? Yes No		
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[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or D sign Patent Application

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Name										
Address							_	•		
City				State					ZIP	
Country		Telephone	l			Fax			<u> </u>	
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I hereby declare that all statem	nents made her	ein of my o	wn know	ledge	are tru	e and f	hat all	stateme	ents made	e on information
and belief are believed to be	true; and furl	ther that th	ese stat	ement	s were	e made	with 1	the kno	wledge t	hat willful false
statements and the like so made								J.S.C.	1001 and	that such willful
false statements may jeopardiz	e the validity of	the applicat	uon or an	ly pale	mi issu	ea mer	eon.			
NAME OF SOLE OR FIRST IN	IVENTOR:		A po	etition	has be	en filed	for this	s unsigr	ned inven	tor
Given Name					F	amily I	Name			
(first and middle [if any]) Larry N.						r Surna hue	ame			
Inventor's	2 11								Date	
Signature /										12-11-
Signature January 7	· 1800			-	1			000		25/03
. //	State			Cour	itry			Citizer	nsnip	
Woodville	ОН			USA				USA		
Mailing Address 510 North Street										
City	State				ZIP			T	Country	······································
Woodville	ОН				43469				USA	
NAME OF SECOND INVENTO	OR:				<u> </u>			n filed f	or this un	signed inventor
Given Name					Fa	amily N	ame			
(first and middle [if any]) Paul B.					Mo	Suma				
Inventor's		$\mathcal{A} \mathcal{A}$						ļ	Date	25-03
Signaturé faul	<u>S. /</u>	1/Bm								
Residence: City	State	/		Cour	itry			Citizer	nship	
Waterville	ОН			USA				USA		
Mailing Address 1114 Michigan Avenue										
TIT WIGHYAH AVEHUE										
City	State			П	ZIP			Count	ry	
Waterville	ОН			ł	42EEE			LICA		
vvalerville	On .				43566			USA		
Additional inventors or a local re	nmeantativa ara bai	ng named on th	na 3 e	unnlam	antal eho	atle\ DT(7/SB/02A	or 02t P	attached her	reto

PTO/SB/02A (10-00)

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ADDITIONAL INVENTOR(S) Suppl mental Sheet Page 1 of 3

		_			
Name of Additional Joint Inventor, if an	y:		A petition has been filed	for th	is unsigned inventor
David D. Given Name			Soley mily Name Surname		
Inventor's Signature	7				6-25-03 Date
Toledo Residence: City	OH State		SA ountry	1	JSA Citizenship
5103 Bennett Road Mailing Address					
Mailing Address					
Toledo city	OH State	43 ZI	8612 US	SA untr	y
Nam of Additional Joint Inventor, if an	y:		A petition has been filed for	r this	s unsigned inventor
Given Ronald P.			Warneck Surname	e	
Inventor's Signature	Q.				Date 6/26/03
Monclova Residence: City	OH State		SA ountry		USA Citizenship
10060 Monclova Road Mailing Address					
Mailing Address					
Monclova	OH State			SA untr	v
Name of Additional Joint Inventor, if ar	0		petition has been filed for		
Thomas R. Given Name			Kirkman ily Name urname		
Inventor's & L L .					Date - 25-03
Perrysburg Residence: City	OH State		USA Country		USA Citizenship
1872 Fremont Pike Malling Address					
Mailing Address					
_{city} Perrysburg	OH State		43551 ZIP	US Co	A

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sh et Page 2 of 3

Nam of Additional Joint Inventor, if an	y:	A petition has been fi	iled for th	nis unsigned inventor
William F. Given Name		Family Name or Surname		
Inventor's Signature				6-75-03 Date
Waterville Residence: City	OH State	USA Country		USA Citizenship
921 Farnsworth Road Mailing Address				
Mailing Address				
_{city} Waterville	OH State	43566 ZIP	USA Counti	у
Nam of Additional Joint Inventor, if an	y:	A petition has been file	ed for thi	is unsigned inventor
Given Jonathon R. Name Jonathan JN 6-15-03		Family Name or Surname	r	
Invent r's Signature And Maddle	<u></u>			Date 6-25-03
Bowling Green Residence: City	OH State	USA Country		USA Citizenship
Apartment Q-3 Mailing Address				
1082 Fairview Avenue Mailing Address				
Bowling Green	OH State	43402 zip	USA Countr	у
Nam of Additional Joint Inventor, if an	ıy:	A petition has been file	d for this	unsigned inventor
W. Patrick Given Name		Holbroo Family Name or Surname	k	
Inventor's William V. Waller				Date 6/25/03
Elmore Residence: City	OH State	USA Country		USA Citizenship
16200 Smith Road Malling Address				
Mailing Address				
_{City} Elmore	OH State	43416 ZIP	US	SA puntry

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ADDITIONAL INVENTOR(S) Supplem ntal Sheet Page 3 of 3

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Name of Additional Joint Inventor, if an	y:			A petition has been f	iled for t	his unsigned inventor
D. Wayne Given Name Or Surname Leidy Family Name Or Surname						
Inventor's Signature						Date 6/25/03
Perrysburg Residence: City	Ol Sta			SA ountry		USA Citizenship
9921 Parliament Place Mailing Address						
Mailing Address						
_{city} Perrysburg	Ol- Sta	l ite	4: Z	3551 (IP	USA Count	ry
Nam of Additional Joint Inventor, if an	y:			A petition has been file	ed for th	is unsigned inventor
Given Name				amily Name r Surname		
Inventor's Signature						Date
Residence: City	Sta	ate	c	ountry	<u></u>	Citizenship
Mailing Address				···	· · · · · · · · · · · · · · · · · · ·	
Mailing Address						
City	Sta	ate		ZIP	Count	ry
Name of Additional Joint Inventor, if an	ıy:			A petition has been file	d for this	s unsigned inventor
Given Name				illy Name urname		
Inventor's Signature						Date
Residence: City	Sta	te		Country		Citizenship
Mailing Address						
Mailing Address						
City	Stat	te		ZIP	C	ountry

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Larry N. Shue

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Application Number

First Named Inventor

Filing Date

POWER OF ATTORNEY OR

X

*Total of

forms are submitted.

AUTHORIZATION OF AGENT	Title Invert	: Arm A	ssembly	for G	lassware	Forming
AUTHORIZATION OF AGENT	Art Unit					Machine
	Examiner Nam	е		-		
	Attorney Dock	et Number	1807	0 USA		
I hereby appoint:						
Practitioners at Customer Number]			Place Custon Number Bar C Label here	Code
OR				<u> </u>		
Y Practitioner(s) named below:						
Name			Registration	n Number		
Principal Attorneys:						
Nirav D. Parikh			46,394			
H. G. Bruss			24,389			
Associate Attorney: R. C. Coll			27,430			
as my/our attorney(s) or agent(s) to prosecute the application i Trademark Office connected therewith.	dentified above, ar	d to transa	ct all busines	s in the U	nited States Pa	atent and
Please change the correspondence address for the above-ider	ntified application to	o:				
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Individual Name						
Address Address						
City		State		Zip	<u> </u>	
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Telephone	11	ах				
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form I						
	Applicant or Assig	gnee of Re	cord			
Name Larry N. Shue						
Signature Lung M. Sh						
Date 6/25/03			Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entir forms if more than one signature is required, see below*.	e interest or their rep	resentative(s)) are required.	Submit mul	tiple	

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number Filing Date First Named Inventor Larry N. Shue POWER OF ATTORNEY OR Title Invert Arm Assembly for Glassware Forming **AUTHORIZATION OF AGENT** Art Unit Machine **Examiner Name Attorney Docket Number** 18070 USA I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Code Label here QR Practitioner(s) named below: Registration Number Name Principal Attorneys: Nirav D. Parikh 46,394 24,389 H. G. Bruss R. C. Collins 27,430 Associate Attorney: as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Practitioners at Customer Number. Number Bar Code Label here OR Firm or Individual Name Address Address Zip City State Country Telephone Fax lam the: Х Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Name

Date

Signature

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forms are submitted.

forms if more than one signature is required, see below*.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** Filing Date **First Named Inventor** Larry N. Shue POWER OF ATTORNEY OR Title Invert Arm Assembly for Glassware Forming **AUTHORIZATION OF AGENT** Art Unit Machine **Examiner Name** Attorney Docket Number 10070 1107

	Attorney bocket rumber 10070 USA	
CT beauty and sink		
I hereby appoint: Practitioners at Customer Number	Place Customer Number Bar Code	
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X Practitioner(s) named below:		_
Name	Registration Number	
Principal Attorneys:		
Nirav D. Parikh	46,394	7
H. G. Bruss	24,389	
Associate Attorney: R. C. Colli		1
as my/our attorney(s) or agent(s) to prosecute the application in Trademark Office connected therewith.	dentified above, and to transact all business in the United States Patent a	nd
Please change the correspondence address for the above-iden	tified application to:	
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Firm or Individual Name		
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Address		
City	State Zip	
Country		
Telephone	Fax	
I am the: X Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3 Statement under 37 CFR 3.73(b) is enclosed. (Form F		
	Applicant or Assignee of Record	
Name David D. Soley		
Signature		
Date 6125/03	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire forms if more than one signature is required, see below*.	e interest or their representative(s) are required. Submit multiple	
X *Total of 9 forms are submitted		

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Larry N. Shue

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Application Number

First Named Inventor

Filing Date

POWER OF ATTORNEY	YUK L	Named Inventor	-	Larry			
AUTHORIZATION OF A	Title Torrowt 7 mm 7			mbly :	for	Glassware	
AUTHORIZATION OF AU	Alto						Machine
		niner Name					
	Attor	ney Docket Num	nber :	18070	USA		
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X Practitioner(s) named below:				;			
Name			Reg	istration	Numbe	эг	
Principal Attorneys:							
Nirav D. Parikh			46	,394			
H. G. Bruss		 		,389			
Associate Attorney: R.	C. Collins			,430			
as my/our attorney(s) or agent(s) to prosecute th Trademark Office connected therewith.	ne application identified	above, and to tra			in the	United States P	atent and
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Telephone am the: X							
SIG	GNATURE of Applican	nt or Assignee of	f Record				
Name Ronald P. Warnecke							
Signature C. S. I. C. S.						-	
Date 6/21/03			Teler	phone			
NOTE: Signatures of all the inventors or assignees of reforms if more than one signature is required, see below		or their representat	tive(s) are re	equired. S	ubmit m	ultiple	
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below*.

forms are submitted.

*Total of

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Larry N. Shue

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Application Number

First Named Inventor

Filing Date

POWER OF ATTORNEY OR

X

*Total of

forms are submitted.

AUTHODIZATION OF ACENT	Title Invert Arm Assembly for Glassware Forming
AUTHORIZATION OF AGENT	Art Unit Machine
	Examiner Name
	Attorney Docket Number 18070 USA
I hereby appoint:	
Practitioners at Customer Number OR	Place Customer Number Bar Code Label here
X Practitioner(s) named below:	
Name	Registration Number
Principal Attorneys:	
Nirav D. Parikh	46,394
H. G. Bruss	24,389
Associate Attorney: R. C. Coll	
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transact all business in the United States Patent and
Please change the correspondence address for the above-ide	entified application to:
The above-mentioned Customer Number.	
OR Practitioners at Customer Number.	Place Customer Number Bar Code Label here
OR	
Firm or Individual Name	
Address	
Address	
City	State Zip
Country	
Telephone	Fax
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form	
SIGNATURE of	Applicant or Assignee of Record
Name William F. Mazur	
Signature // Signature	
Date 6. 25-03	Telephone
NOTE: Signatures of all the inventors or assignees of record of the enti-	lire interest or their representative(s) are required. Submit multiple

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Larry N. Shue

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*Total of

forms are submitted.

Application Number

First Named Inventor

AUTHORIZATION OF AGENT	Title Invert A	rm Assembly	for Glassware Forming
AUTHORIZATION OF AGENT	Art Unit		Machine
	Examiner Name		
	Attorney Docket Nu	ımber 1807	70 USA
I hereby appoint:			
Practitioners at Customer Number			Place Customer Number Bar Code Label here
OR X Practitioner(s) named below:			
Name		Registration	on Number
Principal Attorneys:			
Nirav D. Parikh		46,394	1
H. G. Bruss		24,389)
Associate Attorney: R. C. Co		27,430	
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Assignee of record of the entire interest. See 37 C Statement under 37 CFR 3.73(b) is enclosed. (For	m PTO/SB/96).		
<u> Vonathan </u>	of Applicant or Assignee	of Record	
Name Jonathon R. Nadler			
Signature And Madle			
Date 6-25-03		Telephone	
NOTE: Signatures of all the inventors or assignees of record of the	entire interest or their represent	lative(s) are required.	. Submit multiple

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Larry N. Shue

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Application Number

First Named Inventor

Filing Date

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	Nirav D. Parikh				46,394							
	H. G. Bruss Associate Attorney: R. C. Collins					4,389 7,430						
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	oldiomen dilator or or rec	SIGNATURE of A			e of Record	d		· = · .				
Name	W. Patriok Ho.	lbrook										
Signa	ture MALL											
Date	6/25/03				Tel	ephone						
	Signatures of all the inventors or a f more than one signature is require		e interest	or their represe	entative(s) are	required. S	Submit r	multiple				
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Filing Date

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AUTHORIZATION OF AGENT		Art Unit Machi									
		Examiner Name									
	Attorn	ey Docket N	umber	18070	USA	<i></i>					
I hereby appoint:											
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Name	Name			Registration Number							
Principal Attorneys:											
Nirav D. Parikh		46,394									
H. G. Bruss			2	4,389							
Associate Attorney: R. C. Col	lins_	27,430									
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I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CF Statement under 37 CFR 3.73(b) is enclosed. (Form		96).									
SIGNATURE of Applicant or Assignee of Record											
Name D./Wayne Leidy											
Signature X/4/aux											
Date (6/7.5/03											
NOTE: Signatures of all the inventors or assignees of record of the er forms if more than one signature is required, see below*.	ntire interest	or their represe	ntative(s) are	e required. Su	ıbmit multij	ple					
X Total of 9 forms are submitted.	*	•									

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